PINE MANOR HEALTH CARE CENTER-FDD

1625 EAST MAIN STREET

| CLINTONVILLE | 54929 | Phone: (715) 823-3135 | | Ownership: | Corporation |
|-----------------|----------------|-----------------------|-----|-----------------------------------|-------------|
| Operated from | 1/1 To 12/31 | Days of Operation: | 365 | Highest Level License: | FDDs |
| Operate in Conj | unction with | Hospital? | No | Operate in Conjunction with CBRF? | No |
| Number of Beds | Set Up and Sta | affed (12/31/03): | 23 | Title 18 (Medicare) Certified? | No |
| Total Licensed | Bed Capacity | (12/31/03): | 23 | Title 19 (Medicaid) Certified? | Yes |
| Number of Resid | lents on 12/31 | /03: | 22 | Average Daily Census: | 22 |

| Services Provided to Non-Residents | | Age, Gender, and Primary Dia | Length of Stay (12/31/03) | 8 | | | | |
|--|-------------------|---|---------------------------|-----------|-------|------------------------------------|-------------|--|
| Home Health Care | Primary Diagnosis | 용 | Age Groups | % | | 0.0 | | |
| Supp. Home Care-Personal Care Supp. Home Care-Household Services | No No | David anmental Disabilities | 05 5 | IIndon 65 | 60 2 | 1 - 4 Years More Than 4 Years | 4.5 90.9 | |
| 11 | | Developmental Disabilities 95.5 Under 65 68.2 | | | 90.9 | | | |
| <u> =</u> | | Mental Illness (Org./Psy) | 0.0 | 65 - 74 | 27.3 | | | |
| Respite Care | Yes | Mental Illness (Other) | 0.0 | | 4.5 | | 95.5 | |
| Adult Day Care Yes | | Alcohol & Other Drug Abuse | 0.0 | 85 - 94 | 0.0 | ********* | ***** | |
| Adult Day Health Care Yes | | Para-, Quadra-, Hemiplegic | 0.0 | 95 & Over | 0.0 | Full-Time Equivalent | | |
| Congregate Meals No | | Cancer | 0.0 | | | - Nursing Staff per 100 Resider | | |
| Home Delivered Meals No | | Fractures | 0.0 | | 100.0 | (12/31/03) | | |
| Other Meals | No | Cardiovascular | 0.0 | 65 & Over | 31.8 | | | |
| Transportation | No | Cerebrovascular | 0.0 | | | RNs | 6.0 | |
| Referral Service | No | Diabetes | 0.0 | Gender | 9 | LPNs | 7.9 | |
| Other Services No | | Respiratory | 0.0 | | | Nursing Assistants, | | |
| Provide Day Programming for | | Other Medical Conditions | 4.5 | Male | 31.8 | Aides, & Orderlies | 49.1 | |
| Mentally Ill | No | | | Female | 68.2 | I | | |
| Provide Day Programming for | | | 100.0 | | | I | | |
| Developmentally Disabled | | | | 100.0 | I | | | |

Method of Reimbursement

| | | edicare itle 18 | | | Medicaid | | Other | | Private Pay | | Family Care | | | Managed Care | | | | | | |
|---------------------|------|--------------------|---------------------|-----|----------|---------------------|-------|-------|---------------------|-----|----------------|---------------------|-----|-----------------|---------------------|-----|-----|---------------------|-------------------------|-------|
| Level of Care | No. | οlo | Per Diem (\$) | No. | 90 | Per Diem (\$) | No. | ્રે જ | Per Diem (\$) | No. | % | Per Diem (\$) | No. | ્ર | Per Diem (\$) | No. | % | Per Diem (\$) | Total Resi- dents | - Of |
| Int. Skilled Care | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Skilled Care | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Intermediate | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Limited Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Personal Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Residential Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Dev. Disabled | | | | 22 | 100.0 | 163 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 22 | 100.0 |
| Traumatic Brain In | j 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Ventilator-Depender | nt 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Total | 0 | 0.0 | | 22 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | | 0 | 0.0 | | 0 | 0.0 | | 22 | 100.0 |

County: Waupaca Facility ID: 7211 Page 2
PINE MANOR HEALTH CARE CENTER-FDD

| Admissions, Discharges, and | 1 | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03 | | | | | | | | | | |
|--------------------------------|------|--|---------------|-----------|--------------------------|-----------------------|-----------|--|--|--|--|--|
| Deaths During Reporting Period | | | | Total | | | | | | | | |
| Percent Admissions from: | | Activities of | % | | % Needing sistance of | % Totally | Number of | | | | | |
| Private Home/No Home Health | 50.0 | Daily Living (ADL) | Independent | One | Or Two Staff | Dependent | Residents | | | | | |
| Private Home/With Home Health | 0.0 | Bathing | 0.0 | | 22.7 | 77.3 | 22 | | | | | |
| Other Nursing Homes | 50.0 | Dressing | 0.0 | | 22.7 | 77.3 | 22 | | | | | |
| Acute Care Hospitals | 0.0 | Transferring | 4.5 | | 22.7 | 72.7 | 22 | | | | | |
| Psych. HospMR/DD Facilities | 0.0 | Toilet Use | 4.5 | | 22.7 | 72.7 | 22 | | | | | |
| Rehabilitation Hospitals | 0.0 | Eating | 27.3 | | 40.9 | 31.8 | 22 | | | | | |
| Other Locations | 0.0 | ***** | ****** | ***** | ***** | ****** | ***** | | | | | |
| Total Number of Admissions | 2 | Continence | | 용 | Special Treatmen | ts | 용 | | | | | |
| Percent Discharges To: | 1 | Indwelling Or Exter | nal Catheter | 9.1 | Receiving Resp | iratory Care | 0.0 | | | | | |
| Private Home/No Home Health | 33.3 | Occ/Freq. Incontine | nt of Bladder | 81.8 | Receiving Trac | heostomy Care | 0.0 | | | | | |
| Private Home/With Home Health | 0.0 | Occ/Freq. Incontine | nt of Bowel | 81.8 | Receiving Suct | ioning | 0.0 | | | | | |
| Other Nursing Homes | 0.0 | | | | Receiving Osto | my Care | 0.0 | | | | | |
| Acute Care Hospitals | 0.0 | Mobility | | | Receiving Tube | Feeding | 4.5 | | | | | |
| Psych. HospMR/DD Facilities | 0.0 | Physically Restrain | ed | 18.2 | Receiving Mech | anically Altered Diet | s 90.9 | | | | | |
| Rehabilitation Hospitals | 0.0 | | | | | | | | | | | |
| Other Locations | 33.3 | Skin Care | | | Other Resident C | haracteristics | | | | | | |
| Deaths | 33.3 | With Pressure Sores | | 0.0 | Have Advance D | irectives | 100.0 | | | | | |
| Total Number of Discharges | 1 | With Rashes | | 0.0 | Medications | | | | | | | |
| (Including Deaths) | 3 | | | | Receiving Psyc | hoactive Drugs | 9.1 | | | | | |

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

| | This Facility | | FDD cilities | | All ilties | |
|--|------------------|------|-----------------|---------------|---------------|--|
| | % | % | Ratio | 엉 | Ratio | |
| Occupancy Rate: Average Daily Census/Licensed Beds | 91.7 | 89.6 | 1.02 | 87 . 4 | 1.05 | |
| Current Residents from In-County | 22.7 | 33.5 | 0.68 | 76.7 | 0.30 | |
| Admissions from In-County, Still Residing | 0.0 | 11.3 | 0.00 | 19.6 | 0.00 | |
| Admissions/Average Daily Census | 9.1 | 21.3 | 0.43 | 141.3 | 0.06 | |
| Discharges/Average Daily Census | 13.6 | 25.0 | 0.55 | 142.5 | 0.10 | |
| Discharges To Private Residence/Average Daily Census | 4.5 | 11.4 | 0.40 | 61.6 | 0.07 | |
| Residents Receiving Skilled Care | 0.0 | 0.0 | 0.00 | 88.1 | 0.00 | |
| Residents Aged 65 and Older | 31.8 | 15.3 | 2.08 | 87.8 | 0.36 | |
| Title 19 (Medicaid) Funded Residents | 100.0 | 99.3 | 1.01 | 65.9 | 1.52 | |
| Private Pay Funded Residents | 0.0 | 0.5 | 0.00 | 21.0 | 0.00 | |
| Developmentally Disabled Residents | 95.5 | 99.4 | 0.96 | 6.5 | 14.70 | |
| Mentally Ill Residents | 0.0 | 0.3 | 0.00 | 33.6 | 0.00 | |
| General Medical Service Residents | 4.5 | 0.3 | 14.18 | 20.6 | 0.22 | |
| Impaired ADL (Mean)* | 81.8 | 53.1 | 1.54 | 49.4 | 1.66 | |
| Psychological Problems | 9.1 | 50.1 | 0.18 | 57.4 | 0.16 | |
| Nursing Care Required (Mean) * | 11.9 | 11.0 | 1.08 | 7.3 | 1.63 | |
